



PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

Application Number	09/523,776-Conf. #5882
Filing Date	March 11, 2000
First Named Inventor	Pamela L. Zeitlin
Art Unit	1617
Examiner Name	S. Wang
Attorney Docket Number	49632(71699)

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS & ANGELL LLP		
Signature			
Printed name	Peter F. Corless		
Date	November 22, 2004	Reg. No.	33,860

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Dated: November 22, 2004

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# FEES TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **980.00**

## Complete if Known

Application Number	09/523,776-Conf. #5882
Filing Date	March 11, 2000
First Named Inventor	Pamela L. Zeitlin
Examiner Name	S. Wang
Art Unit	1617
Attorney Docket No.	49632(71699)

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number **04-1105**  
 Deposit Account Name **Edwards & Angell, LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEES CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>		<b>0.00</b>	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Extra Claims	Fee from below	Fee Paid	
Total Claims <input type="checkbox"/>	-20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>		
Independent Claims <input type="checkbox"/>	-3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>		
Multiple Dependent <input type="checkbox"/>		= <input type="checkbox"/>	
<b>3. ADDITIONAL FEES</b>			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2) (\$)</b>		<b>0.00</b>	
*Reduced by Basic Filing Fee Paid			
		<b>SUBTOTAL (3) (\$)</b>	<b>980.00</b>

\*\*or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

(Complete if applicable)

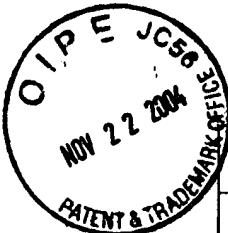
Name (Print/Type)	Peter F. Corless	Registration No. (Attorney/Agent)	33,860	Telephone	(617) 439-4444
Signature				Date	November 22, 2004

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(Peter F. Corless)



## AMENDMENT TRANSMITTAL LETTER

Docket No.  
49632(71699)

Application No. 09/523,776-Conf. #5882	Filing Date March 11, 2000	Examiner S. Wang	Art Unit 1617
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Applicant(s): Pamela L. Zeitlin

Invention: MODULATION OF PROTEIN EXPRESSION USING CARBOCYCLIC ARYL ALKENOIC ACID DERIVATIVES

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>		- 20 =		x	
<b>Independent Claims</b>		- 3 =		x	
<b>Multiple Dependent Claims (check if applicable)</b>					<input type="checkbox"/>
<b>Other fee (please specify):</b> Extension for response within third month					980.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					980.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 04-1105 in the amount of \$ 980.00. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

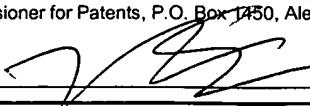
  
Peter F. Corless  
Attorney Reg. No.: 33,860

Dated: November 22, 2004

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Boston, Massachusetts 02205  
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